| (102) Certification - Agent / Carrier | FCC Form 690 |
|---------------------------------------|---------------------------|
| | Approved by OMB |
| | OMB Control No. 3060-1185 |
| | Page 8 of 8 |

| <010> | Study Area Code | 238030 |
|-------|---|------------------------------|
| <015> | Study Area Name | Carolina West Wireless, Inc. |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Slamowitz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7035848678 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier certify that (Name of Agent) Todd Slamowitz is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. Name of Authorized Agent: Todd Slamowitz Name of Reporting Carrier: Carolina West Wireless, Inc. CERTIFIED ONLINE Signature of Authorized Officer: Date: 07/16/2014 Printed name of Authorized Officer: Lisa Mabe Title or position of Authorized Officer: Staff Accountant Telephone number of Authorized Officer: 3369735000 ext.1003 Study Area Code of Reporting Carrier: 238030 Filing Due Date for this form: 07/31/2014 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

| Certification of Agent Authorized to File | Annual Reports for Mobility Fund R | Recipients on Behalf of Reporting Carrier |
|---|------------------------------------|--|
| I, as agent for the reporting carrier, certify that I am authorized to submreported herein based on data provided by the reporting carrier; and, to | | [2] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2 |
| Name of Reporting Carrier: Carolina West Wireless, Inc | | |
| Name of Authorized Agent or Employee of Agent: Todd Slamowit | 2 | |
| Signature of Authorized Agent or Employee of Agent: CERTIFIED C | ONLINE | Date: 07/16/2014 |
| Printed name of Authorized Agent or Employee of Agent: Todd Sla | mowitz | |
| FCC Legal | 1 Counsel | |
| Telephone number of Authorized Agent or Employee of Agent: 703584 | 18678 ext. | |
| Study Area Code of Reporting Carrier: 238030 | Filing Due Date for this form: | 07/31/2014 |

Attachments

| (060) Coverage and Performance Report | | FCC Form 690 |
|---------------------------------------|--|---------------------------|
| | | Approved by OMB |
| | | OMB Control No. 3060-1185 |

| <010> | Study Area Code | 238030 |
|-------|---|------------------------------|
| <015> | Study Area Name | Carolina West Wireless, Inc. |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Slamowitz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7035848678 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.com |
| <140> | Coverage and Performance Report Year | 01/2013 - 12/2013 |

cally cally chlly chlly chlly colly <141> Certify that Certify that Certify that Resident **Total Resident** Road Miles **Total Road** Electronic **Drive Test** Scattered Site per Census Population Population Road Miles Miles Shapefiles are Results are Tests are Resident Reached by uploaded uploaded (yes/no) per Census Block Block Newly Population per **Newly Reached** covered per uploaded County Census
Rutherford 0000 Census Block Reached Census Block (yes/no) (yes/no) Census Block by Service Service State NC 0 0.0 Yes

> Percentage of Total Population Reached by Service

| | 0 | |
|---|---|--|
| 1 | | |
| 1 | | |

Percentage of Total Road Miles covered by Service

| 0 | | | |
|---|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Caroline West Wireless, Inc.

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ Carolina West Wireless, Inc. ("Filer") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code that was provided by Filer in its FCC Form 680 filed in conjunction with its Auction 901 winning bids.

In its FCC Form 680, Filer explained that in order to provide the most advanced wireless broadband service available to date, Filer is using the proceeds from auction 901 to expand its footprint with new cell sites, and supplementing its existing network footprint with 4G service. Specifically, utilizing the 1900 MHz, 1700/2100 MHz spectrum bands, along with the 700 MHz spectrum band, Filer intends to provide high speed, broadband data services over 4G. Further, installation of new cell sites and the overlay of 4G will enable Filer to meet its public interest obligations to provide rural North Carolina citizens with access to advanced telecommunications and information technologies that are reasonably comparable to those available in urban areas.

As of this date Filer had completed its network design, and has commenced construction of its network. Filer anticipates that it will compete construction and deploy the network in the areas associated with this study code by no later than the construction deadline of July 19, 2016.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

FCC Form 690 - Construction Status

Carolina West Wireless, Inc. has not yet completed construction with respect to the SAC associated with this filing.

| CONTRACTOR | Fund §54.1009 Annual Reporting ection Form | | FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours |
|------------|--|---|---|
| <010> | Study Area Code | 238031 | ACCEPTED/FILED |
| | Study Area Name | Carolina West Wireless, Inc. | |
| <020> | Program Year | 2014 | JUL 23 2014 |
| <030> | Contact Name: Person USAC should contact with questions about this data | Todd Slamowitz | Federal Communications Commission Office of the Secretary |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 7035848678 ext. | |
| <039> | Contact Email: Email of the person identified in data line <030> | tslamowitz@fcclaw.com | |
| <040> | Has the information required pursuant to §54.1009 <041> Attach a description of the documents file | | <u>N)</u> <040> O |
| | <042> Cite the Study Area Code (SAC) for the Fo | orm 481 reporting | <042> |
| | <043> Cite the date of the Form 481 reporting | | <043> |
| <050> | Carrier Contact Information (has the contact info. cha | anged since prior filing? Yes or No) (If yes, complete the attached worksheet) | <050> |
| <060> | Coverage and Performance Report | (complete attached worksheet) | <060> |
| <070> | Urban Rate Comparability Certification | (complete attached certification) | <070> 🗸 |
| <080> | Tribal Lands Reporting (y/n?) (Does this study area cov | er tribal lands? Yes or No) | \circ |
| | | (If yes, complete the attached worksheet) | <080> |
| <090> | Project Update Information | (complete attached worksheet) | <090> |
| <100> | Certifications <101> Reporting Carrier Certification (comp | elete attoched certification) | <101> |
| | <102> Agent Certification (comp | olete attached certification) | <102> |

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

| (050) Can | ier Contact Form | | | FCC Form 690 Approved by OM8 OM8 Control No. 3060-1185 Page 2 of 8 |
|--|--|------------------------|------------------------------|--|
| <010> | Study Area Code | | 238031 | |
| <015> | Study Area Code Study Area Name | | Carolina West Wireless, Inc. | |
| <020> | Program Year | | 2014 | |
| <030> | Contact Name - Person USAC should contact regarding to | his data | Todd Slamowitz | |
| <035> | Contact Telephone Number - Number of person identifi | | 7035848678 ext. | |
| <039> | Contact Email Address - Email Address of person identif | ied in data line <030> | tslamowitz@fcclaw.com | |
| Reporting | Carrier / Mobility Fund Phase 1 Winning Bidder | | | |
| <110> | FCC Registration Number | | | |
| <111> | Filing Carrier Name | | | |
| <112> | Winning Bidder Carrier Name | | | |
| <113> | Street Address (or PO Box) | | | |
| <114> | City | | | |
| <115> | State | | | |
| <116> | Zip-Code | | | |
| <117> | Telephone Number | | | |
| <118> | Fax Number | | | |
| <119> | Email Address | | | |
| <120> <121> <122> <123> <124> <125> | if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code | | | |
| <126> | Telephone Number | | | |
| <127> | Fax Number | | | |
| <128> | Email Address | | | |
| | d Agent Information if no agent, indicate in this box | | | |
| <120> | Name (First, MI, Last, Suffix) | | | |
| <121> | Company | | | |
| <122> | Street Address (or PO Box) | | | |
| <123> | City | | | |
| <124> | State | | | |
| <125> | Zip-Code | | | |
| <126> | Telephone Number | | | |
| <127> | Fax Number | | | |
| <128> | Email Address | | | |
| | | | | |

| (060) Co | verage and | Performance | Report | | | | | | | FCC Form Ap proved OMB Con Page 3 of | by OM trol No. | 8 3060-1185 |
|----------|------------|--------------------------------|------------------|--|---|---|---|--|---------------|---|---|---|
| <010> | Study Are | ea Code | | | | 238031 | | | | | | |
| <015> | Study Are | | | | | Caroli | na West V | vireless, | Inc. | | | |
| <020> | Program | Year | | | | 2014 | | | | | | |
| <030> | Contact f | Name - Persor | USAC should | contact regarding | g this data | Todd S | lamowitz | | | | | |
| <035> | Contact 1 | Telephone Nu | mber - Numbe | r of person ident | ified in data line | <030> 703584 | 8678 ext | 2 | | | | |
| <039> | Contact E | mail Address | - Email Addres | s of person ident | tified in data line | <030> tslamo | witz@fcc | law.com | | | | |
| <140> | Coverage | and Perform | ance Report Ye | 01/2013 | - 12/2013 | | | | | | _ | |
| | | Electro | nic Shapefiles a | attachments | | of Attached Docum | | | | | | |
| | | Drive Test Results attachments | | | of Attached Docum | nent (.zip) | | | 2-7-7-1 | | | |
| <141> | cai> | Scatter | red Site Test Re | esults attachment | | of Attached Docum | nent (.zip) | (D) | ⟨C3⟩ | <d>></d> | <#P> | ds |
| | State | County | | Resident Population per Census Block | Resident Population Newly Reached by Service See attach | Total Resident Population Reached by Service | Road Miles per Census Block | Road Miles per Census Block Newly Reached | Total Road | Certify that Electron ic Shapefil | Certify that Drive Test Result s are upload ed (yes/n | Certify that Scattered Site Tests are |
| | | | | | | | | - | | | _ | |
| | | 1 | | | | | 1 | | | | | |

07/16/2014

Percentage of Total

Road Miles covered

by Service

Percentage of Total

Population Reached by

Service

| (070) Urban Rate Comparability Certification Compliance | FCC Form 690 |
|---|--|
| | Approved by OMB |
| | OMB Control No. 3060-1185 Page 4 of 8 |

| <010> | Study Area Code | 238031 |
|-------|---|------------------------------|
| <015> | Study Area Name | Carolina West Wireless, Inc. |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Slamowitz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7035848678 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

| Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4) | | | |
|--|---|--|--|
| I certify that I am an officer or employee of the reporting carrie form and in any attachments is accurate. | ; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this | | |
| Name of Reporting Carrier: | | | |
| Signature of Authorized Officer: | Date | | |
| Printed name of Authorized Officer: | | | |
| Title or position of Authorized Officer: | | | |
| Telephone number of Authorized Officer: | | | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: | | |
| [1] | unished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

| certify that (Name of Agent) Todd Slamowitz | is authorized to submit the information reported on behalf of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the |
|---|---|
| authorized agent; and, to the best of my knowledge, the reports and | |
| Name of Authorized Agent: Todd Slamowitz | |
| Name of Reporting Carrier: Carolina West Wirel | ess, Inc. |
| Signature of Authorized Officer or Employee: CERTIFIED ONLINE | Date: 07/16/2014 |
| Printed name of Authorized Officer or Employee: Lisa Mabe | |
| Title or position of Authorized Officer or Employee: Staff Account | ant |
| Telephone number of Authorized Officer or Employee: 3369735000 | xt.1003 |
| Study Area Code of Reporting Carrier: 238031 | Filing Due Date for this form: 07/31/2014 |
| | by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment tle 18 of the United States Code, 18 U.S.C. § 1001. |

| | | | 32 52 |
|---|--|----------|---|
| I, as agent for the reporting carrier, certify that I am author | 가는 일을 하는 것이 없는 사람들이 가게 되었다면 하는 사람들이 되었다면 하는 것이 없다면 하는데 | | have provided the data reported herein based or |
| data provided by the reporting carrier; and, to the best of n | ny knowledge, the information reported herein is acc | urate. | |
| Name of Reporting Carrier: | Carolina West Wireless, Inc. | | |
| Name of Authorized Agent or Employee of Agent: | Todd Slamowitz | | |
| Signature of Authorized Agent or Employee of Agent: | CERTIFIED ONLINE | | Date: 07/16/2014 |
| Printed name of Authorized Agent or Employee of Agent: | Todd Slamowitz | | |
| Title or position of Authorized Agent or Employee of Agent | FCC Legal Counsel | | |
| Telephone number of Authorized Agent or Employee of Agen | nt: 7035848678 ext. | | |
| Study Area Code of Reporting Carrier: 238031 | Filing Due Date for this form | 07/31/20 | 14 |

| (080) Triba | al Lands Reporting | | | FCC Form 690 |
|-------------|---|--------------------|--------------------------------------|---|
| | | | | Approved by OMB OMB Control No. 3060-1185 |
| | | | | Page 5 of 8 |
| <010> | Study Area Code | | 220221 | |
| <010> | Study Area Code Study Area Name | | 238031 Carolina West Wireless, In | ac. |
| <020> | Program Year | | 2014 | |
| <030> | Contact Name - Person USAC should contact regarding | | Todd Slamowitz | |
| <035> | Contact Telephone Number - Number of person identifi | | | |
| <039> | Contact Email Address - Email Address of person identif | ied in data line < | 030> tslamowitz@fcclaw.com | |
| <142> | State | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4.40 | | | | |
| <143> | County | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| <144> | Tribal Land(s) on which ETC Serves | | | |
| | | | | |
| | | | | |
| | | | | 1 |
| <145> | Tribal Government Engagement Obligation | | | |
| | | Name of Attached | Document (.pdf) | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | If your company serves Tribal lands, please select (Yes,N | No. NA) for | | |
| | each of these boxes to confirm the status described on | | | |
| | PDF, on line 145, demonstrates coordination with the 7 | ribal | | |
| | government pursuant to § 54.1004 includes: | | | |
| | | | | |
| | | | | |
| | | | Select (Yes,No, NA) | |
| <146> | Needs assessment and deployment planning with a foo | us on Tribal | (TES,NO, NA) | |
| | community anchor institutions; | | | |
| <147> | Feasibility and sustainability planning; | | | |
| <148> | Marketing services in a culturally sensitive manner; | | | |
| <149> | Compliance with Rights of way processes | | | |
| <150> | Compliance with Land Use permitting requirements | | | |
| | | | | |
| <151> | Compliance with Facilities Siting rules | | | |
| <152> | Compliance with Environmental Review processes | | | |
| <153> | Compliance with Cultural Preservation review processes | S | | |
| <154> | Compliance with Tribal Business and Licensing requirem | nents. | { | |

| (090) Project Update Information | | | FCC Form 690 |
|---|---|------|-----------------------------|
| | | | Approved by OMB |
| | | (47 | OMB Control No. 3060-1185 |
| Mary Server Server | | | Page 6 of 8 |
| <010> | Study Area Code | 2380 | 031 |
| <015> | Study Area Name | | plina West Wireless, Inc. |
| <020> | Program Year | 2014 | 1 |
| <030> | Contact Name - Person USAC should contact regarding this data | | d Slamowitz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | _ | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tsla | amowitz@fcclaw.com |
| <200> | Date Authorized to Receive Support | | 07/18/2013 |
| <201> | Targeted Completion Date | | 02/05/2016 |
| <202> | Total Mobility Fund Support Awarded | | 1550150.0 |
| <203> | Total Mobility Fund Support Disbursed | | 516716.67 |
| <204> | Support Applied to Network Design | | 7974.79 |
| <205> | Support Applied to Construction | | 14559.72 |
| <206> | Support Applied to Deployment | | |
| <207> | Support Applied to Maintenance | | |
| <208> | Certify Network will Support 3G Mobile Service (Yes / No) | | 0 0 |
| <209> | Certify Network will Support 4G Mobile Service (Yes / No) | | ⊙ |
| <210> | Actual Completion Date | | |
| <211> | Project Status Description (attached) | | CWW_PSD_NC.pdf |
| <212> <213> <214> <215> <216> | Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. Status of Network Deployment - Network Design Status of Network Deployment - Construction Status of Network Deployment - Deployment Status of Network Deployment - Maintenance Project Budget Status | | {Name of PDF attached} ✓ ✓ |
| <217> | Project Plan Status | | 1 |

| (101) Certification - Reporting Carrier | FCC Form 690 |
|---|---------------------------|
| | Approved by OMB |
| | OMB Control No. 3060-1185 |
| | Page 7 of 8 |

| <010> | Study Area Code | 238031 |
|-------|---|------------------------------|
| <015> | Study Area Name | Carolina West Wireless, Inc. |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Slamowitz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7035848678 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| Certification of Officer as to the A | uracy of the Data Reported for the Annual Reporting for Mobility Fund Recipients | |
|---|--|--|
| certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the pest of my knowledge, the information reported on this form and in any attachments is accurate. | | |
| Name of Reporting Carrier: | | |
| Signature of Authorized Officer: | Date | |
| Printed name of Authorized Officer: | | |
| Title or position of Authorized Officer: | | |
| Telephone number of Authorized Officer: | | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: | |
| Persons willfully making false statements on this form can | punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

| (102) Certification - Agent / Carrier | FCC Form 690 |
|---------------------------------------|---------------------------|
| | Approved by OMB |
| | OMB Control No. 3060-1185 |
| | Page 8 of 8 |

| <010> | Study Area Code | 238031 |
|-------|---|------------------------------|
| <015> | Study Area Name | Carolina West Wireless, Inc. |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Slamowitz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7035848678 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier certify that (Name of Agent) Todd Slamowitz is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. Name of Authorized Agent: Todd Slamowitz Name of Reporting Carrier: Carolina West Wireless, Inc. CERTIFIED ONLINE Signature of Authorized Officer: Date: 07/16/2014 Printed name of Authorized Officer: Lisa Mabe Title or position of Authorized Officer: Staff Accountant Telephone number of Authorized Officer: 3369735000 ext.1003 Study Area Code of Reporting Carrier: 238031 Filing Due Date for this form: 07/31/2014 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

| Certification of Agent Authorized to File Annual Reports for | Mobility Fund Recipients on Behalf of Reporting Carrier |
|---|--|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports f reported herein based on data provided by the reporting carrier; and, to the best of my knowl | 못 없는 것이 없었다. 그런 이렇게 생각하는 하지 않을 것이 없었다. 하는 가장하게 하는 하는 것이 되는 것이 되었다. 그렇게 되었다. 이렇게 하는 수 있어요? 그런 것이 되었다. |
| Name of Reporting Carrier: Carolina West Wireless, Inc. | |
| Name of Authorized Agent or Employee of Agent: Todd Slamowitz | |
| Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE | Date: 07/16/2014 |
| Printed name of Authorized Agent or Employee of Agent: Todd Slamowitz | |
| Title or position of Authorized Agent or Employee of Agent FCC Legal Counsel | |
| Telephone number of Authorized Agent or Employee of Agent: 7035848678 ext. | |
| Study Area Code of Reporting Carrier: 238031 Filing Due Date | e for this form: 07/31/2014 |

Attachments

| (060) Coverage and Performance Report | | FCC Form 690 |
|--|--|---------------------------|
| | | Approved by OMB |
| | | OMB Control No. 3060-1185 |
| TO SEE SEAL OF THE | | |

| <010> | Study Area Code | 238031 |
|-------|---|------------------------------|
| <015> | Study Area Name | Carolina West Wireless, Inc. |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Slamowitz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7035848678 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.com |
| <140> | Coverage and Performance Report Year | 01/2013 - 12/2013 |

(a) (a) (a) (b) (b) (c) (c) (c) (d) (e) (f) Certify that Certify that Certify that **Total Resident** Road Miles Scattered Site Resident **Total Road** Electronic Drive Test Population Population Road Miles per Census Miles Shapefiles are Results are Tests are per Census Block uploaded (yes/no) Population per Newly Reached Reached by **Block Newly** covered per Rutherford 0000 Census Block Census Block by Service Service Reached Census Block (yes/no) (yes/no) State 0 0 NC 0 0.0 0.0 0.0 Yes

> Percentage of Total Population Reached by Service

. . . .

<141>

0

Percentage of Total Road Miles covered by Service

0

Caroline West Wireless, Inc.

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, Carolina West Wireless, Inc. ("Filer") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code that was provided by Filer in its FCC Form 680 filed in conjunction with its Auction 901 winning bids.

In its FCC Form 680, Filer explained that in order to provide the most advanced wireless broadband service available to date, Filer is using the proceeds from auction 901 to expand its footprint with new cell sites, and supplementing its existing network footprint with 4G service. Specifically, utilizing the 1900 MHz, 1700/2100 MHz spectrum bands, along with the 700 MHz spectrum band, Filer intends to provide high speed, broadband data services over 4G. Further, installation of new cell sites and the overlay of 4G will enable Filer to meet its public interest obligations to provide rural North Carolina citizens with access to advanced telecommunications and information technologies that are reasonably comparable to those available in urban areas.

As of this date Filer had completed its network design, and has commenced construction of its network. Filer anticipates that it will compete construction and deploy the network in the areas associated with this study code by no later than the construction deadline of July 19, 2016.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

FCC Form 690 - Construction Status

Carolina West Wireless, Inc. has not yet completed construction with respect to the SAC associated with this filing.

| THE WARRIES | | Estate Santate and Cappy | | | FCC Form |
|-------------|--|-----------------------------|---|-------------------|--------------------------------------|
| Mobility | Fund | | | | Approved by OMB |
| | - §54.1009 Annual Reporting | | | | OMB 3060-1185 |
| Data Co | lection Form | | | Avg. burde | en Estimate per Respondent: 18 Hours |
| <010> | Study Area Code | | 238032 | | 0000 |
| <015> | Study Area Name | | Carolina West Wireless, Inc. | , | LOOEBTED/FILED |
| <020> | Program Year | | 2014 | | JUL 2 9 2014 |
| <030> | Contact Name: Person US with questions about this | | Todd Slamowitz | Federa | Communications Commission |
| <035> | Contact Telephone Numb Number of the person ide | | 7035848678 ext. | | Office of the Secretary |
| <039> | Contact Email: Email of the person identi | ified in data line <030> | tslamowitz@fcclaw.com | | |
| Catalines: | | | | | |
| | | | | | (check box when complete) |
| | | | | _ | _ |
| <040> | Has the information requ | ired pursuant to §54.10 | 09 been provided with a Form 481 filing (Y/ | <u>N)</u> <040> O | \odot |
| | <041> Attach a descr | ription of the documents | filed with the Form 481 reporting | <041> | |
| | Action a descri | iption of the documents | med with the Form 402 reporting | 1012 | |
| | | | | | |
| | <042> Cite the Study | Area Code (SAC) for the | Form 481 reporting | <042> | |
| | <043> Cite the date of | of the Form 481 reporting | 3 | <043> | |
| 050 | | es a 20 | | 0 | • |
| <050> | Carrier Contact Informati | On (has the contact info. | changed since prior filing? Yes or No) | \simeq | O |
| | | | (If yes, complete the attached worksheet) | <050> | |
| <060> | Coverage and Performan | ce Report | (complete attached worksheet) | <060> | |
| <070> | Urban Rate Comparabilit | y Certification | (complete attached certification) | <070> | |
| <080> | Tribal Lands Reporting (y | y/n?) (Does this study area | cover tribal lands? Yes or No) | 0 | ⊙ |
| | | | (If yes, complete the attached worksheet) | <080> | |
| <090> | Project Update Informati | on | (complete attached worksheet) | <090> | |
| <100> | Certifications | | | | |
| | | rier Certification (co | emplete attached certification) | <101> | |
| | <102> Agent Certifica | ation (co | implete attached certification) | <102> | |

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase | Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

| (050) Can | ier Contact Form | | | FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8 |
|--|---|---------------------------|------------------------------|---|
| <010> | Study Area Code | | 238032 | |
| <015> | Study Area Name | | Carolina West Wireless, Inc. | |
| <020> | Program Year | | 2014 | |
| <030> | Contact Name - Person USAC should contact regarding | | Todd Slamowitz | |
| <035> | Contact Telephone Number - Number of person iden | | 7035848678 ext, | |
| <039> | Contact Email Address - Email Address of person ider | tified in data line <030> | tslamowitz@fcclaw.com | |
| Reporting | Carrier / Mobility Fund Phase 1 Winning Bidder | | | |
| <110> | FCC Registration Number | | | |
| <111> | Filing Carrier Name | | | |
| <112> | | | | |
| | Winning Bidder Carrier Name | | | |
| <113> | Street Address (or PO Box) | | | |
| <114> | City | | | |
| <115> | State | | | |
| <116> | Zip-Code | | | |
| <117> | Telephone Number | | | |
| <118> | Fax Number | | | |
| <119> | Email Address | | | |
| <pre><120> <121> <122> <122> <123> <124> <125> <126> <127> <127> <128></pre> | if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address | | | |
| Authorize | d Agent Information if no agent, indicate in this box |] | | |
| <120> | Name (First, MI, Last, Suffix) | | | |
| <121> | Company | | | |
| <122> | Street Address (or PO Box) | | | |
| <123> | City | | | |
| <124> | State | | | |
| <125> | Zip-Code | | | |
| | | | | |
| <126> | Telephone Number | | | |
| <127> | Fax Number | | | |
| <128> | Email Address | | | |
| | | | | |

| | OMB Control No. 3060-1185 Page 3 of 8 |
|---------------------------------------|--|
| (060) Coverage and Performance Report | FCC Form 690 Ap proved by OMB |

| <010> | Study Area Code | 238032 |
|-------|---|------------------------------|
| <015> | Study Area Name | Carolina West Wireless, Inc. |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Slamowitz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7035848678 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.com |
| <140> | Coverage and Performance Report Year 01/2013 - 12/2013 | |

| | Construction Status.zip | |
|---|----------------------------------|--|
| lectronic Shapefiles attachments | | |
| | Name of Attached Document (.zip) | |
| Drive Test Results attachments | | |
| | Name of Attached Document (.zip) | |
| Scattered Site Test Results attachments | | |

Name of Attached Document (.zip)

| <141> | <a1></a1> | <82> | <a3></a3> | <b1></b1> | <b2></b2> | <63> | <c1></c1> | <c2></c2> | <(3> | <d></d> | <6> | <f></f> |
|-------|-----------|--------|--------------|-----------|---|---|---|--|--------------------------|---------|---|---|
| | State | County | Census Block | | Resident Population Newly Reached by Service | Total Resident Population Reached by Service | Road Miles per Census Block | Road Miles per Census Block Newly Reached | covered per Census | uploade | Result s are upload ed (yes/n | Certify that Scattered Site Tests are uploaded (yes/no) |
| | | | | | ee attach | ed works | heet | | | | | |
| | | | | | occ attach | CG WOTKS | loct | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Percentage of Total

Road Miles covered

by Service

Percentage of Total

Population Reached by

Service

| (070) Urt | oan Rate Comparability Certification Complian | e FCC Form 690 Approved by OM8 OMB Control No. 3060-1185 Page 4 of 8 |
|-----------|---|--|
| <010> | Study Area Code | 238032 |
| <015> | Study Area Name | Carolina West Wireless, Inc. |
| <020> | Program Year | 2014 |

Todd Slamowitz

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

<035> Contact Telephone Number - Number of person identified in data line <030> 7035848678 ext.
<039> Contact Email Address - Email Address of person identified in data line <030> tslamowitz@fcclaw.com

<030> Contact Name - Person USAC should contact regarding this data

| Certification of | Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4) |
|--|---|
| I certify that I am an officer or employee of the reporting ca form and in any attachments is accurate. | rrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this |
| Name of Reporting Carrier: | |
| Signature of Authorized Officer: | Date |
| Printed name of Authorized Officer: | |
| Title or position of Authorized Officer: | |
| Telephone number of Authorized Officer: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |
| Persons willfully making false statements on this form can | be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, S03(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

| I certify that (Name of Agent) Todd Slamowitz carrier. I also certify that I am an officer or employee of the reporting carrie authorized agent; and, to the best of my knowledge, the reports and data p | is authorized to submit the information reported on behalf of the reporting r; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the rovided to the authorized agent is accurate. |
|---|--|
| Name of Authorized Agent: Todd Slamowitz | |
| Name of Reporting Carrier: Carolina West Wireless, 1 | nc. |
| Signature of Authorized Officer or Employee: CERTIFIED ONLINE | Date: 07/16/2014 |
| Printed name of Authorized Officer or Employee: Lisa Mabe | |
| Title or position of Authorized Officer or Employee: Staff Accountant | |
| Telephone number of Authorized Officer or Employee: 3369735000 ext.10 | 3 |
| Study Area Code of Reporting Carrier: 238032 | Filing Due Date for this form: 07/31/2014 |
| | or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment the United States Code, 18 U.S.C. § 1001. |

| Certification of Agent Authori | zed to File Compliance with 47 CFR §54.1009(a | (4) on Behalf of Reporting Carrier |
|--|---|---|
| as agent for the reporting carrier, certify that I am autho- | rized to submit the certification on behalf of the repor | ting carrier; I have provided the data reported herein based on |
| ata provided by the reporting carrier; and, to the best of | my knowledge, the information reported herein is accommod to the second | urate. |
| ame of Reporting Carrier: | Carolina West Wireless, Inc. | |
| ame of Authorized Agent or Employee of Agent: | Todd Slamowitz | |
| gnature of Authorized Agent or Employee of Agent: | CERTIFIED ONLINE | Date: 07/16/2014 |
| inted name of Authorized Agent or Employee of Agent: | Todd Slamowitz | |
| tle or position of Authorized Agent or Employee of Agent | FCC Legal Counsel | |
| lephone number of Authorized Agent or Employee of Age | nt: 7035848678 ext. | |
| udy Area Code of Reporting Carrier: 238032 | Filing Due Date for this form: | 07/31/2014 |

| (080) Triba | al Lands Reporting | | | | C Forin 690 proved by OMB |
|-------------|--|-------------------|----------------------------|----------|---------------------------------------|
| | | | | ON | 78 Control No. 3060-1185 ge 5 of 8 |
| <010> | Study Area Code | | 238032 | | |
| <015> | Study Area Name | | Carolina West Wirele | ss, Inc. | |
| <020> | Program Year | | 2014 | | |
| <030> | Contact Name - Person USAC should contact regarding | this data | Todd Slamowitz | | |
| <035> | Contact Telephone Number - Number of person identifi | | | | |
| <039> | Contact Email Address - Email Address of person identif | fied in data line | <030> tslamowitz@fcclaw.co | m | |
| <142> | State | - | | | |
| | | | | | |
| <143> | County | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| <144> | Tribal Land(s) on which ETC Serves | | | | |
| <145> | Tribal Government Engagement Obligation | Name of Attache | d Document (.pdf) | | |
| | If your company serves Tribal lands, please select (Yes,) each of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the government pursuant to § 54.1004 includes: | the attached | | | |
| <146> | Needs assessment and deployment planning with a foo | cus on Tribal | Select (Yes,No, NA) | | |
| <147> | Feasibility and sustainability planning; | | | | |
| <148> | Marketing services in a culturally sensitive manner; | | | | |
| <149> | Compliance with Rights of way processes | | | | |
| <150> | Compliance with Land Use permitting requirements | | 7 1. 1. 7. | | |
| | | | | | |
| <151> | Compliance with Facilities Siting rules | | | | |
| <152> | Compliance with Environmental Review processes | | | | |
| <153> | Compliance with Cultural Preservation review processe | S | | | |
| <154> | Compliance with Tribal Business and Licensing requiren | nents. | 1 | | |

| (090) Project | Update Information | FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8 |
|---------------|---|--|
| <010> | Study Area Code | 238032 |
| <015> | Study Area Name | Carolina West Wireless, Inc. |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Slamowitz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.com |
| <200> | Date Authorized to Receive Support | 07/18/2013 |
| <201> | Targeted Completion Date | 02/05/2016 |
| <202> | Total Mobility Fund Support Awarded | 24150.0 |
| <203> | Total Mobility Fund Support Disbursed | 8050.0 |
| <204> | Support Applied to Network Design | 7974.79 |
| <205> | Support Applied to Construction | 719.05 |
| <206> | Support Applied to Deployment | |
| <207> | Support Applied to Maintenance | |
| <208> | Certify Network will Support 3G Mobile Service (Yes / No) | 0 0 |
| <209> | Certify Network will Support 4G Mobile Service (Yes / No) | O |
| <210> | Actual Completion Date | |
| <211> | Project Status Description (attached) | CWW_PSD_NC.pdf |
| | Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. | {Name of PDF attached} |
| <212> | Status of Network Deployment - Network Design | |
| <213> | Status of Network Deployment - Construction | · |
| <214> | Status of Network Deployment - Deployment | |
| <215> | Status of Network Deployment - Maintenance | |
| <216> | Project Budget Status | |
| <217> | Project Plan Status | 1 |

| (101) Certification - Reporting Carrier | FCC Form 690 |
|---|---------------------------|
| | Approved by OM8 |
| | OMB Control No. 3060-1185 |
| | Page 7 of 8 |

| <010> | Study Area Code | 238032 |
|-------|---|------------------------------|
| <015> | Study Area Name | Carolina West Wireless, Inc. |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Slamowitz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7035848678 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for Mobility Fund Recipients | | | | |
|---|--|--|--|--|
| certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | | | | |
| Name of Reporting Carrier: | | | | |
| Signature of Authorized Officer: | Date | | | |
| Printed name of Authorized Officer: | | | | |
| Title or position of Authorized Officer: | | | | |
| Telephone number of Authorized Officer: | | | | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: | | | |
| Persons willfully making false statements on this form can l | e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

Page 7

| (102) Certification - Agent / Carrier | FCC Form 690 |
|--|---------------------------|
| | Approved by OMB |
| 。 | OMB Control No. 3060-1185 |
| | Page 8 of 8 |

| <010> | Study Area Code | 238032 |
|-------|---|------------------------------|
| <015> | Study Area Name | Carolina West Wireless, Inc. |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Slamowitz |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7035848678 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier certify that (Name of Agent) Todd Slamowitz is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. Name of Authorized Agent: Todd Slamowitz Name of Reporting Carrier: Carolina West Wireless, Inc. CERTIFIED ONLINE Date: 07/16/2014 Signature of Authorized Officer: Printed name of Authorized Officer: Lisa Mabe Title or position of Authorized Officer: Staff Accountant Telephone number of Authorized Officer: 3369735000 ext.1003 Study Area Code of Reporting Carrier: 238032 Filing Due Date for this form: 07/31/2014 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

| Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier | | | |
|--|---|------------|------------------|
| l, as agent for the reporting carrier, certify that I am authorized to sub- reported herein based on data provided by the reporting carrier; and, | [18] [18] [18] [18] [18] [18] [18] [18] | | |
| Name of Reporting Carrier: Carolina West Wireless, In | nc. | | |
| Name of Authorized Agent or Employee of Agent: Todd Slamowi | tz | | |
| Signature of Authorized Agent or Employee of Agent: CERTIFIED | ONLINE | | Date: 07/16/2014 |
| Printed name of Authorized Agent or Employee of Agent: Todd S1 | amowitz | | |
| Title or position of Authorized Agent or Employee of Agent FCC Leg | al Counsel | | |
| Telephone number of Authorized Agent or Employee of Agent: 70356 | 848678 ext. | | |
| Study Area Code of Reporting Carrier: 238032 | Filing Due Date for this form: | 07/31/2014 | |